



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, MD, MPH
Commissioner

Patricia R. Yang
Executive Deputy Commissioner/
Chief Operating Officer

Steve Bass
Deputy Commissioner
Division of Finance and Planning

June 28, 2011

Dear Early Intervention Program Provider:

The New York City Department of Health & Mental Hygiene (NYC DOHMH) Bureau of Early Intervention (BEI) is issuing a **Crosswalk of ICD-9 and CPT Codes** for provider agencies to use for the completion of Early Intervention Session notes as well as for claims submissions to the Department's Fiscal Agent CSC (Covansys). The Department would like to thank the Local Early Intervention Coordinating Council for their review and comments on this document

Providers must ensure that appropriate ICD-9 and CPT codes are entered for any services for Dates of Service beginning 08/01/2011. Proper billing and coding is an integral part of an agency's contract with the NYC DOHMH BEI.

Explanation of Attachment

The legend (first tab) that explains the color codes and symbols used has been added to explain what is contained in the "Discipline Svcs" spreadsheet.

The CPT and HCPCS codes were derived for each discipline using professional web sites and standard practice guidelines. All the codes have been verified with 2011 codes, and outdated codes have been deleted.

Please keep in mind that these CPT, ICD-9 and HCPCS are subject to change every year. The American Medical Association releases new versions of the coding books on a yearly basis, and it is the provider's responsibility to keep up with changes.

1. **Use of "V codes"**
 - a. The use of "V codes" should only be used when some problem is present which influences the child's health status but is not itself a current illness. V codes should only be used as supplementary codes and should not be used as primary codes if there is an established diagnosis.

2. **Providers using only the “primary” ICD-9 code for billing and documenting treatment on Session Notes:**

When documenting eligibility, there is a primary ICD-9 code noted in the evaluation package.

- NYEIS allows for multiple ICD-9 codes to be associated with one case (e.g.: PDD and Torticollis)

- As clarified in SDOH guidance documents on “EI Records and Commercial Insurance” providers are responsible for identifying the appropriate ICD-9 code for the conditions or reasons for which care is provided.

The condition noted for billing does not necessarily have to be the condition for which the child is eligible for the EIP. Use of an ICD-9 code related to the explicit reason for treatment may be appropriate. (Source: Responses to Technical Assistance Questions From Municipalities Regarding NYSAC-DOH Training Sessions in Early Intervention Guidance Memorandum 2003-1 Early Intervention Program Records).

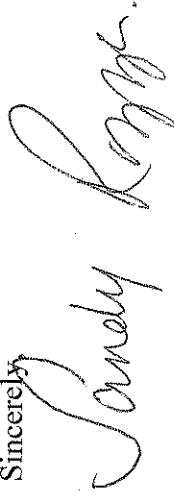
Implementation

Please be advised that as of the date of implementation (August 1, 2011), the Department’s Fiscal Agent CSC (Covansys) will:

1. Verify if the provider claim has a valid CPT code. If not, the claim will be rejected.
2. Verify if the provider claim has a valid ICD9 code. If not, the claim will be rejected.
3. If the CPT / ICD9 codes that are included in the attached list of acceptable codes are included on the claims submitted by the provider and subsequently paid: but the insurance company denies these claims when billed by DOHMH, and the denial reason indicates that the diagnosis does not match the procedure code: **CSC will void the provider claim(s) and recoup the money from the submitting provider.**

Thank you for your continued collaboration with the NYC DOHMH BEI.

Sincerely,



Sandy Rozza, Assistant Commissioner
New York City Department of Health & Mental Hygiene